

# **REQUEST FOR APPLICATIONS**

**For**

**PARTICIPANTS IN THE PROLONGED EXPOSURE  
TRAINING FOR OUTPATIENT MENTAL HEALTH AND  
SUBSTANCE USE PROGRAMS**

**Issued by**

**COMMUNITY BEHAVIORAL HEALTH**

**Date of Issue  
June 20, 2017**

**Applications must be received no later than 2:00PM on July 21, 2017.**

**Questions related to this RFA should be submitted via E-mail to:**

**Amberlee Venti at [Amber.Venti@phila.gov](mailto:Amber.Venti@phila.gov)**

**EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER – WOMEN,  
MINORITY INDIVIDUALS AND PEOPLE WITH DISABILITIES ARE  
ENCOURAGED TO RESPOND**

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## I. Overview

### A. Introduction/Statement of Purpose

Community Behavioral Health (CBH) is soliciting participants for a training program to build clinical capacity in Philadelphia to provide Prolonged Exposure (PE) as part of an ongoing effort to increase availability of high-quality, evidence-based treatments. PE is an evidence-based treatment for adults with symptoms of posttraumatic stress disorder (PTSD) that helps decrease trauma-related distress. The treatment utilizes exposure-based techniques to reduce the avoidance behaviors that maintain PTSD symptoms. The PE training will be provided by the Center for the Treatment and Study of Anxiety (CTSA), which is part of the Department of Psychiatry of the University of Pennsylvania. Applications from CBH in-network providers of adult outpatient mental health and/ or outpatient (non-Intensive Outpatient Programs [IOP]) substance use services who meet RFA qualifications will be considered. CBH expects to support training for up to four providers and a total of 16 clinicians (approximately four clinicians per provider).

### B. Organizational Overview

The City of Philadelphia contracts with the Commonwealth of Pennsylvania Department of Human Services (PA-DHS) for the provision of behavioral health services to Philadelphia's Medicaid recipients under Pennsylvania's HealthChoices behavioral health mandatory managed care program. Services are funded on a capitated basis through this contractual agreement. The City of Philadelphia, through the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), contracts with Community Behavioral Health to administer the HealthChoices program.

CBH was established as a non-profit organization by the City in 1997 to administer behavioral health care services for the City's approximately 600,000 Medicaid recipients. As a result, CBH manages a full continuum of medically necessary and clinically appropriate behavioral health services. CBH employs more than 400 people and has an annual budget of approximately \$800 million.

### C. DBHIDS System Transformation

Because of the successful DBHIDS transformation initiative over the last decade (2005-2015), people with behavioral health conditions and intellectual disabilities now not only live in communities but are *a part of* their communities. As the natural continuation of the transformation of Philadelphia's behavioral health and intellectual disability service system, DBHIDS has now adopted a population health approach.

Population health refers to the health of an entire community. Traditional approaches to health care center around individuals who are already experiencing a health-related condition. Population health approaches take a much broader view, seeking to improve the health status of everyone in a community, not just those who are sick. By providing excellent clinical care as well as community-level interventions and services, **population health approaches help to create communities in which every member—not just those who seek out health services—can thrive.** It is essential that providers who apply for this RFA follow population health approaches as they apply.

As DBHIDS worked in communities to help them better support people in its system, it became clear that many communities are themselves distressed, grappling with violence, poverty, inadequate housing, and other threats to health, well-being, and self-determination. It also has become clear that many people in need of support are not being reached or being reached too late. As a result, DBHIDS has initiated a population health approach to increase capacity within the community to deliver highly effective clinical care supports and services so that over time, communities experience less illness and its associated consequences.

The current national attention to population health confirms that Philadelphia's population health approach is appropriate. The U.S. healthcare environment is already moving in this direction in an effort to contain costs and achieve better outcomes. Acknowledgement is growing locally, nationally, and internationally that promoting optimum health among a whole population can't be achieved within a narrow paradigm built primarily to manage diagnosed conditions. To break the cycle of escalating costs, health systems are increasingly focusing resources on prevention and early intervention. Because of DBHIDS' longstanding commitment to promoting recovery, resilience, and self-determination, Philadelphia is well positioned to be a leader in the nation's next health transformation. The thrust of Philadelphia's behavioral health initiatives are shifting from addressing illness and disability one person at a time to promoting optimum health, wellness, and self-determination throughout the population.

The population health approach challenges us to continue to enhance efforts to improve the health of all Philadelphians. This approach challenges us to expand our efforts beyond pilot projects and special initiatives and embed these principles into the culture of our entire system. It challenges us to consistently broaden our scope to include *all* people in a population, not just those seeking our services. It challenges us to prevent behavioral health conditions and developmental delays from developing or progressing, to equip individuals with the skills and opportunities to make their own choices and build meaningful lives in their communities, and to move even more out of program settings and deeper into the community to address the social and environmental circumstances that have shaped people's lives. We must learn from the innovative work the city has already started and be even bolder, shifting the *intention* of our work from addressing illness and disability one person at a time to promoting optimum health, wellness, and self-determination throughout the whole population.

Health providers and payers use a variety approaches to improve the health of a population. Some approaches, known as population health management, prioritize identifying and providing services to members of a population who have complex, chronic, or very costly conditions. A key goal of population health management efforts is to control costs, often through existing managed care strategies such as reducing avoidable emergency department visits. Other population health approaches are more akin to public health interventions in that they include broad-based interventions (such as flu shots) that benefit *all* members of a defined population, not just those seeking health services. These two major population health frameworks both use data-driven decision making and focus on health outcomes. DBHIDS's approach to population health builds on many years of focus on community health; thus, our approach is consistent with a public health framework.

The essence of the DBHIDS population health approach is as follows:

1. **Attend to the needs of the whole population, not just those seeking services.** Population health approaches emphasize community-level outcomes, not just outcomes for individuals with particular diagnoses. A key benefit of a population health approach is its focus on keeping people well so that, over time, communities experience less illness and its associated consequences.
2. **Promote health, wellness and self-determination.** Health is much more than the absence of illness or management of symptoms. There is a fundamental difference between providing targeted interventions to address illness versus promoting wellness and quality of life.

3. **Provide early intervention and prevention.** There will always be a need for access to high –quality clinical care, supports, and services. A population health approach provides such care and also works to screen for and prevent the onset or progression of conditions which improves outcomes and better utilizes resources.
4. **Address the social determinants of health.** Poor health and health disparities don't result from medical conditions alone. Chronic stress, toxic environments, limited access to nutritious foods, inadequate housing, social isolation, and numerous other nonmedical factors contribute to poor outcomes. A population health approach seeks to address these factors to reduce health disparities and safeguard everyone's right to optimum health and self-determination.
5. **Empower individuals and communities to keep themselves healthy.** Healthcare providers can't shoulder the entire responsibility for healthy communities. A population health approach not only educates but also empowers and motivates people to take responsibility for promoting their own health and wellness.

#### D. General Disclaimer

This RFA does not commit CBH to award a training opportunity to any program. This RFA and the process it describes are proprietary and are for the sole and exclusive benefit of CBH. No other party, including any Respondent, is intended to be granted any rights hereunder. Any response, including written documents and verbal communication, by any Applicant to this RFA, shall become the property of and may be subject to public disclosure by CBH.

#### E. Project Background

Prolonged Exposure (PE) is an evidence-based treatment for posttraumatic stress disorder (PTSD) developed by Edna Foa, PhD, Director of the Center for the Treatment and Study of Anxiety. PE has been empirically validated with more than 25 years of research supporting its effectiveness for treating chronic PTSD and related depression, anxiety, guilt, shame, and anger. PE produces clinically significant improvement in about 80% of individuals treated. Practitioners in multiple countries have used PE to successfully treat survivors of traumas including rape, assault, child abuse, combat, motor vehicle accidents, and disasters. PE has been beneficial for those suffering from several co-morbidities, including co-occurring PTSD and substance use disorders when combined with substance use treatment and with co-occurrence of PTSD and borderline personality disorder. PE targets individuals with single traumas as well as individuals with histories of multiple traumas.<sup>1 2</sup>

Based on cognitive behavioral approaches, PE employs interventions designed to help individuals process traumatic events and reduce trauma-induced psychological disturbances. The treatment helps people process traumatic events by changing the way they respond to internal and external reminders of traumatic memories. PE therapy has three main components that help people gradually become more comfortable with external reminders: using imaginal exposure to revisit and process the trauma memories, in vivo exposures to approach feared, but objectively safe situations, and psychoeducation about trauma and its impact on people's lives. PE is a flexible therapy that can be modified to fit individual needs. PE instills confidence and a sense of mastery, enhances daily functioning, increases an individual's ability to cope with stress, and improves the ability to distinguish between safe and unsafe situations. PE typically consists of between 8 and 15 90-minute sessions.<sup>1 2</sup>

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<sup>1</sup> Carmen P McLean and Edna B Foa. *Prolonged exposure therapy for post-traumatic stress disorder: a review of evidence and dissemination*. Expert Reviews. <https://www.div12.org/wp-content/uploads/2014/11/Prolonged-exposure-therapy-for-post-traumatic-stress-disorder-review-of-evidence-and-dissemination.pdf>

<sup>2</sup> Department of Psychiatry. Penn Behavioral Health. *About Prolonged Exposure Therapy*. Retrieved 4/21/17 from [http://www.med.upenn.edu/ctsa/workshops\\_pet.html](http://www.med.upenn.edu/ctsa/workshops_pet.html)

In 2001, Prolonged Exposure for PTSD received an Exemplary Substance Abuse Prevention Program Award from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). PE was selected by SAMHSA and the Center for Substance Abuse Prevention as a Model Program for national dissemination and was one of two PTSD treatments chosen to disseminate throughout the Veterans Affairs health system<sup>2</sup>. Additionally, the Institute of Medicine published in their 2008 report that “the evidence is sufficient to conclude the efficacy of exposure therapies in the treatment of PTSD,” further supporting the use of PE for PTSD treatment<sup>3</sup>.

CBH recognizes the need to provide high-quality, evidence-based treatment to its population of adults who have experienced various types of trauma. As such, CBH is committed to increasing capacity for the provision of PE within its network. As CBH is also aware of the challenges faced by agencies in implementing and sustaining evidence-based clinical programs, this initiative includes both PE training and consultation to support the development of sustainable PE programs.

## **II. Prolonged Exposure Training and Implementation**

### **A. Training and Implementation Opportunity**

CBH is sponsoring an innovative training and implementation program for adult outpatient mental health and/or outpatient (non-Intensive Outpatient Program [IOP]) substance use providers. The training will be provided by the Center for the Treatment and Study of Anxiety (CTSA), an internationally renowned research and clinical facility that offers state-of-the-art treatment programs specifically designed for posttraumatic stress disorder (PTSD) and other anxiety disorders. The Center was founded in 1979 by Edna Foa, Ph.D., who is the director of the Center and a world leader in anxiety disorders and PTSD research. The CTSA is a division of the University's Department of Psychiatry, and is located on the campus of the University of Pennsylvania in the city of Philadelphia, Pennsylvania. CTSA faculty are doctoral-level psychologists with extensive experience in diagnosing and treating anxiety disorders and PTSD, and in training physicians, psychologists, and other health professionals from around the world.

### **B. Overview of Training**

Once selected to be part of the initiative, the training process is as follows (see Appendix C):

#### **1. Pre-Training Orientation**

Pre-training orientation will be provided to offer specific guidance on the implementation of PE in a series of three meetings. Agencies will be required to establish an implementation team which includes the clinicians and administrative, data reporting, and management staff who will be involved in the PE Initiative. The orientation will include a description of the role of management and the specific responsibilities of clinicians, including expectations about screening, assessment, clinical implementation, and data reporting. All implementation team staff will be expected to participate in the pre-training orientation via their corresponding meeting (i.e., Meeting 1- executive and clinical leadership; Meeting 2- all participating clinicians; Meeting 3- intake staff and designated clinicians).

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<sup>3</sup> Institute of Medicine (IOM): 2008. *Treatment of posttraumatic stress disorder: An assessment of the evidence*. Washington, DC: The National Academies Press.

## **2. Training Sessions**

### **a) Trauma 101**

Case managers, administrative staff, and other staff as identified will participate in Trauma 101, which provides an overview of trauma and PTSD, including types of traumas, common reactions and symptoms, prevalence and other data. This course is intended to equip staff, who may not receive direct PE training, to support and sustain the implementation of PE and enhance the culture of trauma-informed care across the program/organization.

### **a) Adult PTSD Screening and Assessment Workshop**

Designated referral and data reporting staff must attend the PTSD screening and assessment workshop; however, selected clinicians are also encouraged to attend. Staff will participate in a screening workshop to learn how to identify individuals with PTSD, refer to appropriate treatment and develop a uniform intake and referral process for treatment. The session will include didactic information, a recorded PE session for review and discussion, and role plays of clinical techniques.

### **b) 4-Day PE Workshop**

All selected clinicians must attend a 4-day workshop on the foundation of PTSD, empirical study concerning the application of PE in treating PTSD, and provision of PE by clinicians. The workshop includes didactic sessions, role plays of clinical techniques, review of recorded PE sessions, and discussion.

### **c) 5-Day PE Consultant Workshop**

To address turnover of PE-trained staff and ensure continued sustainability of PE within the agency, select certified PE therapists will be chosen and invited to continue their training by becoming PE consultants. These internal PE consultants will then be able to provide consultation on PE cases to new trainees. To become a PE consultant, the selected staff will attend a 5-day Consultant Workshop approximately one year from the initial PE training. The workshop includes didactic sessions, review of recorded PE sessions, and discussion in order to prepare participants to provide consultation to new staff as they become trained in PE.

## **3. Post-Training Consultation**

All participating clinicians will be required to begin providing PE treatment immediately upon the conclusion of the 4-day workshop. Clinicians will provide PE treatment to two individuals to obtain certification. For the first individual, the clinician will receive 1:1 consultation for 8 to 15 sessions with a CTSA consultant. For treatment for the second individual, the clinician will participate in group consultation with a CTSA consultant and all PE clinicians at the respective agency for 20 weeks. Both treatment cases must be completed within 6 months after the 4-Day PE Workshop. Post-Training Consultation given by CTSA will result in certification as a PE therapist and prepare clinicians to continue group peer supervision following the initiative, further supporting sustained implementation.

Internal PE consultants, once trained, will be expected to provide post-training consultation to new PE trainees. This will require the internal PE consultants to review video of each session of PE treatment with newly trained PE therapists in the future.

## 4. Technical Assistance

Within two months of completing the 4-day workshop, all staff in the participating agencies, including agency executive management, data management staff, and clinicians who have received training will be required to participate in two onsite meetings to receive technical assistance to support implementation. Agencies will also participate in two network meetings to address implementation strategies and barriers. Additional implementation meetings will be held as needed.

## C. Continuing Education Credits

Continuing Education Credits (CEUs) will be provided through the Behavioral Health Education and Training Network (BHTEN). Participants must attend the workshop in its entirety to receive CEUs and must submit a completed course evaluation. No partial credit will be given. CEUs are only provided for the 4-day PE workshop.

See below for the types of credits offered:

- International Association for Continuing Education and Training (IACET) credits will be provided as BHTEN is an Accredited Provider.
- Pennsylvania Certification Board (PCB) credits awarded through the PCB.
- Social Work (SW) credit hours awarded. This conference is co-sponsored by Bryn Mawr College Graduate School of Social Work and Social Research (GSSWSR) for a maximum of 5 credit hours. Bryn Mawr College GSSWSR, as a Council of Social Work Education (CSWE) accredited School of Social Work, is a pre-approved provider of continuing education for Social Workers in PA and many other states.
- CE credit hours for Psychologists awarded. BHTEN is approved by the American Psychological Association to sponsor continuing education for psychologists. BHTEN maintains responsibility for the program and its content.
- Certified Psychiatric Rehabilitation Practitioners (CPRP) CEUs—BHTEN is approved by the United States Psychiatric Rehabilitation Association (Provider #011190) to sponsor continuing education for CPRPs. BHTEN maintains responsibility for the program and its content.

## III. Application and Selection Process

### A. Eligibility Requirements and Expectations

**Applicants must meet the following eligibility requirements.**

- 1. Licensure and Good Standing:** Eligible applicants must be a current outpatient or residential treatment services provider located in Philadelphia County under contract with Community Behavioral Health. These services must also have current licenses from the Pennsylvania Department of Human Services and be a service provider in good standing with the City and CBH. CBH will determine if a provider is in good standing by reviewing information gathered through various departments across the DBHIDS. A determination is based on, but not limited to, the following criteria: re-credentialing status history, compliance error rate history, quality improvement plan status, and financial solvency. When applicable, state licensure status will also be reviewed and taken into consideration and discussed with Department of Human Services (state division). Examples of findings from these oversight functions that could disqualify a

provider from being in good standing may include but are not limited to: a. Level II Quality Improvement Plan (QIP) (CBH); b. Consecutive Network Improvement and Accountability Collaborative (NIAC) credentialing statuses of 1 year or less (DBHIDS); c. Provisional licensure (State). In addition, CBH will evaluate other commitments between the provider and CBH that may render a provider unable to dedicate the necessary time and resources to this project. Finally, neither the vendor nor its staff, subcontractors, or vendors may be on any of the three Excluded Individuals and Entities lists:

- List of Excluded Individuals and Entities (LEIE) <http://oig.hhs.gov/fraud/exclusions.asp>;
- System for Award Management (SAM) (formerly Excluded Parties List System (EPLS)) <https://www.sam.gov>;
- Department of Human Services' Medichex List <http://www.dhs.state.pa.us/publications/medichexsearch/>

In each case, CBH will review the findings and make a final determination of standing for the purpose of the provider's eligibility to apply for the RFA.

- 2. Program Requirements:** Programs should have flexibility in creating screening and referral processes to efficiently identify individuals with PTSD symptoms and appropriately match them to clinicians. Programs should be able to support continued peer group supervision for PE clinicians once the allotted amount of expert consultation ends, approximately once or twice per month at minimum. The initial goal of this initiative is to build a PE program that has the capacity to engage 10-15 individuals at a time.
- 3. Trauma-Informed Culture and Practices:** Agency practices, including clinical and administrative protocols, should be trauma-informed. Clinical and nonclinical staff at all levels should receive trauma training that enables them to interact supportively with trauma survivors. Measures should be taken to ensure the physical site is trauma-sensitive (eg. adequate and comfortable seating in reception, possibly with options for sectioned-off waiting areas to ensure emotional and physical safety, the presence of supportive and effective security, and design/ décor that is welcoming). These practices should demonstrate an organizational understanding of the potential for unintended trauma triggers in a treatment setting, as well as the potential for corrective experiences in many moments of treatment, from scheduling a first appointment to participating in session. They may also include the delivery of other trauma-specific services, such as group models (e.g. Seeking Safety, Trauma Recovery and Empowerment Model, trauma psychoeducation).

A significant aspect of trauma-informed culture is support provided to clinicians. Treating trauma can be challenging for clinicians as they must learn to manage vicarious trauma, i.e. their own reactions and responses to another person's trauma. Training and supervision should be routed in clinician self-awareness and support for their self-care. Agencies should consider running support/ supervision groups for clinicians providing trauma treatment.

The initiative offers on-site training for staff not directly involved in the initiative to assist the agency in creating a trauma-informed culture and to assist in identifying members who may benefit from PE.

- 4. Sustained Practice:** Following the completion of the full training and implementation program (see II.B.), agencies will be expected to independently sustain PE, including facilitating ongoing referrals and engagement, maintaining a PE program census (minimum of 12 individuals receiving PE at a time) , maintain proper documentation and use of measures, developing strategies to support staff through supervision and to address staff attrition,

DBHIDS is currently developing an EBP Program Designation to identify providers that are sustaining high quality EBP Programs. The criteria for EBP Program Designation include:

1. Training and consultation

- a. Intensive training by qualified treatment expert
- b. Case-specific consultation to translate knowledge to practice
2. EBP service delivery
  - a. Strategies for receiving referrals, assessment and connecting individual with EBP trained therapist
  - b. Maintaining EBP service volume to meet referral needs and maintain proficiency with the practice
3. EBP quality assurance
  - a. Documentation of use of EBP in treatment plans and notes
  - b. Supervision to the EBP, including use of EBP specific tools or checklists
  - c. Use of clinical outcome measures appropriate for the EBP

Providers who participate in this initiative are expected to develop these capacities and procedures during the course of the initiative and to pass the EBP Program Designation at the end of the PE Initiative via an EBP Program Designation application. Providers are expected demonstrate sustained capacity for the PE program via annual resubmission of the EBP Program Designation Application. Achieving and maintaining EBP Program Designation status will be required for inclusion in DBHIDS rosters of EBP providers and for any financial incentives that may become available to EBP providers.

Other strategies to support sustainability include engagement and support from agency leadership and integrating EBP in the organizational culture and operations. This includes:

- Recruiting staff to participate in learning and using the EBP
- Considering an applicant's knowledge of (or openness to) EBPs in hiring decisions and integrating information about PE and trauma-informed care into new employee orientations
- Recognizing EBP clinicians formally in performance reviews and merit raises and informally in newsletters, websites etc.
- Planning to educate all relevant staff on the PE model and principles, including for example, outpatient psychiatrists, intake coordinators, and support/ administrative staff
- Selecting an individual who will take the lead on integration of PE skills throughout the program (or agency)

- 5. Monitoring and Reporting Requirements:** The tracking of change is an integral part of PE, as well as essential to understanding what is working well within the training and implementation. CTSA will partner with the selected agencies to develop an outcomes monitoring plan. Support will be provided in the development of the operational procedures for collecting and regularly reporting/reviewing data with CBH and CTSA. Each agency must identify a method for PE monitoring and reporting to CTSA monthly.

In addition, providers will be expected to maintain the necessary documentation for the EBP Program Designation including:

- Roster of therapists / consultants, documentation of their training in PE and tracking of caseload
- Documented processes for accepting referrals/ assessing appropriateness of EBP / scheduling with EBP therapists
- Documentation of delivery of EBP components (e.g. trauma group, individual therapy/ session structure, supervision, and team consultation)
- Documented supervision to the model and / or peer supervision
- Documented use of EBP specific fidelity tools
- Integration of model into treatment plan and session documentation
- Documented use of clinical measures appropriate to EBP

6. **Technology Capabilities:** Applicants must have the technology capabilities required to perform the proposed activities in this RFA. Additionally, selected agencies will need to have the capacity to audio or video record sessions to support expert consultation. Details to consider include obtaining member consent, identifying appropriate technology, and ensuring privacy protection in recording, storing, and transmitting electronic records (to expert trainers for e.g.). Details will be determined with trainers.
7. **Participating Staff:** This section provides an overview of requirements and recommendations for agencies as they identify staff to participate in PE training and implementation (Also see Appendix D). It is important to note that clinician participation in the PE training must be voluntary.

**a. Executive Leader (1)**

A salaried / full-time equivalent staff member in a leadership position will oversee the PE Initiative. The executive leader must have clinical and administrative decision making authority to ensure implementation and sustained delivery of comprehensive PE, and identify specific roles and responsibilities among all staff to manage PE implementation. The executive leader will participate in Pre-Training Orientation, Technical Assistance, and Implementation Meetings.

**b. Clinical Director (1)**

Master's or doctoral level, with preference for licensed or licensed-eligible and salaried/ full-time equivalent, the clinical director will overview the clinical team, address implementation issues, ensure fidelity and sound clinical decision-making throughout training and implementation, maintain access to agency leadership to coordinate PE implementation and address potential challenges, champion PE and assist with integration within the agency, and oversee monitoring and reporting procedures. The clinical director will participate in Pre-Training Orientation, Technical Assistance, and Implementation Meetings.

**c. Clinicians (4)**

Master's or doctoral level, with preference for licensed or licensed-eligible and salaried/ full-time equivalent, four clinicians should be invited for voluntary participation in the PE training. The selected clinicians must have a desire to do trauma work and ideally have potential for longevity within the organization. The clinicians will implement comprehensive PE through individual therapy, carry a caseload of one to three PE recipients during training, and expand PE caseload to an average of three to five individuals as expertise grows. The clinicians will participate in the Pre-Training Orientation, PTSD Screening and Assessment Workshop, 4-Day PE Workshop, Post-Training Consultation, and Technical Assistance, as well as Implementation Meetings as needed. One or two of these clinicians should be identified as potential PE consultants who will attend the PE Consultants training.

**d. Assessment and Intake Staff**

Any support or clinical staff involved in the intake and referral process must participate in the one-day Pre-Training Orientation and the one-day PTSD Screening and Assessment Workshop, as well as any other trainings and meetings as needed (possibly Trauma 101 and Technical Assistance). Staff can have any educational or full-time/part-time status. Their participation in the workshop will equip them to support the identification of PE candidates during referral processes, as well as bolster the referral and assessment infrastructure to sustain PE over time.

**e. Data Management Staff**

Any staff involved in managing data clinical and program outcomes data must attend the appropriate Pre-Training Orientation, as well as other trainings and meetings TBD (possibly Trauma 101 and Technical

Assistance). Staff can have any educational or full-time/part-time status. Data Management Staff should be available to liaise with CBH as determined to assist with reporting requirements (described in III.A.5).

**f. Ancillary/ Support Staff**

Other staff in positions to be able to support sustained PE implementation should attend the Trauma 101 training. This can include case managers and administrative staff.

**B. Application Process**

The application consists of Appendices A and B. These Appendices must be completed and submitted by the agency applying for PE training.

- Appendix A is the main portion of the application, to be completed by an official at the agency requesting participation in PE training and signed by the Executive Director.
- Appendix B is the Trainee Information Form, to be completed by each potential participant.

Completed application documents must be submitted to Amberlee Venti by **2:00PM on July 21, 2017**. Responses submitted after the deadline will be returned unopened. Responses will also be returned unopened to agencies that are ineligible to apply because they do not have a current contract with Community Behavioral Health (CBH) for the level of care noted in section III. A. Submissions are to be addressed as follows:

**Community Behavioral Health  
801 Market Street  
7<sup>th</sup> Floor  
Philadelphia, PA 19107**

**ATTN: Amberlee Venti**

Submissions should be marked “PE Training Application.” Applications submitted by any means other than mailing, courier, or hand delivery will not be accepted.

Applicants must submit the following:

- An electronic version of the entire application prepared as a PDF document placed onto a compact disc or flash drive (Appendices A and B).
- One (1) clearly marked, signed original hardcopy application.
- Eight (8) additional hardcopies of the complete application (Appendices A and B).

**Proposals submitted after the deadline date and time will be returned unopened.**

The agency Executive Director must sign Appendix A.

**C. Questions about the RFA**

All questions regarding the RFA must be sent via email and directed to Amberlee Venti at [amber.venti@phila.gov](mailto:amber.venti@phila.gov). No phone calls will be accepted. The deadline for submission of questions is July 12, 2017. Answers to all questions will be posted on the CBH section of the DBHIDS website ([www.dbhids.org](http://www.dbhids.org)) by July 17, 2017.

## Information Session

CBH will hold a PE Information Session for all interested agencies. If you are interested in applying, your agency should plan to have a representative in attendance at the PE overview event on July 11<sup>th</sup> from 10:00 am-11:30pm.

### **D. Interviews/Presentations**

Applicants may be required to make an oral presentation concerning various aspects of their application to CBH. Such presentations provide an opportunity for applicants to clarify their application to insure a thorough and mutual understanding. CBH will schedule such presentations on an as needed basis.

### **E. Notification**

Applicants will be notified via email August 23, **2017** about their acceptance for training. Applicants who have been accepted will be given additional information about the training and expectations via an orientation session.

### **F. Certification**

PE certification is coordinated through CTSA. All selected clinicians will be eligible for PE certification through the training and implementation program.

### **G. Cost Information**

There will be no cost to participants and agencies to participate. However, agencies are responsible for technological requirements outlined in Section III.6. Additionally, a significant organizational commitment is required for participation in PE training.

## **IV. General Rules Governing RFAs/Applications; Reservation of Rights; Confidentiality and Public Disclosure**

### **A. Revisions to RFA**

CBH reserves the right to change, modify or revise the RFA at any time. Any revision to this RFA will be posted on the DBHIDS website. It is the applicant's responsibility to check the website frequently to determine whether additional information has been released or requested.

### **B. Reservation of Rights**

By submitting its response to this notice of Request For Applications as posted on the DBHIDS website, the Applicant accepts and agrees to this Reservation of Rights. The term "notice of request for applications," as used herein, shall mean this RFA and include all information posted on the DBHIDS website in relation to this RFA.

#### **1. Notice of Request For Applications (RFA)**

CBH reserves and may, in its sole discretion, exercise any one or more of the following rights and options with respect to this notice of training opportunity:

- to reject any and all applications and to reissue this RFA at any time;
- to issue a new RFA with terms and conditions substantially different from those set forth in this or a previous RFA;
- to issue a new RFA with terms and conditions that are the same or similar as those set forth in this or a previous RFA in order to obtain additional applications or for any other reason CBH determines to be in CBH's best interest;
- to extend this RFA in order to allow for time to obtain additional applications prior to the RFA deadline or for any other reason CBH determines to be in the CBH's best interest;
- to supplement, amend, substitute or otherwise modify this RFA at any time prior to issuing a notice of intent to develop a provider agreement or consultant contract to one or more Applicants;
- to cancel this RFA at any time prior to the execution of a final provider agreement whether or not a notice of intent to develop a provider agreement has been issued, with or without issuing, in CBH's sole discretion, a new RFA for the same or similar services;
- to do any of the foregoing without notice to Applicants or others, except such notice as CBH, in its sole discretion, elects to post on the DBHIDS website.

## **2. Miscellaneous**

Interpretation; Order of Precedence: In the event of conflict, inconsistency or variance between the terms of this Reservation of Rights and any term, condition or provision contained in any RFA, the terms of this Reservation of Rights shall govern.

Headings: The headings used in this Reservation of Rights do not in any way define, limit, describe or amplify the provisions of this Reservation of Rights or the scope or intent of the provisions, and are not part of this Reservation of Rights.

### **C. Confidentiality and Public Disclosure**

The successful applicant shall treat all information obtained from CBH and DBHIDS which is not generally available to the public as confidential and/or proprietary to CBH and DBHIDS. The successful applicant shall exercise all reasonable precautions to prevent any information derived from such sources from being disclosed to any other person. The successful applicant agrees to indemnify and hold harmless CBH and DBHIDS, its officials and employees, from and against all liability, demands, claims, suits, losses, damages, causes of action, fines and judgments (including attorney's fees) resulting from any use or disclosure of such confidential and/or proprietary information by the successful applicant or any person acquiring such information, directly or indirectly, from the successful applicant.

By submission of an application, applicants acknowledge and agree that CBH, as a quasi-public corporation, is subject to state and local public disclosure laws and, as such, is legally obligated to disclose to the public documents, including applications, to the extent required there under. Without limiting the foregoing sentence, CBH'S legal obligations shall not be limited or expanded in any way by an Applicant's assertion of confidentiality and/or proprietary data.

### **D. Incurring Costs**

CBH is not liable for any costs incurred by applicants for work performed in preparation of a response to this RFA.

### **E. Disclosure of Application Contents**

Information provided in applications will be held in confidence and will not be revealed or discussed with competitors. All material submitted as part of the RFA process becomes the property of CBH and will only be returned at CBH's option. Applications submitted to CBH may be reviewed and evaluated by any person other than competing applicants. CBH retains the right to use any/all ideas presented in any reply to this RFA. Selection or rejection of an application does not affect this right.

### **F. Selection/Rejection Procedures**

Applicants will be notified in writing by CBH as to their selection. Information will be provided in this letter as to any issues within the application that will require further discussion or negotiation with CBH. Applicants who are not selected will also be notified in writing by CBH.

### **G. Non-Discrimination**

The successful applicant, as a condition of accepting training from CBH through this RFA, agrees to comply with all relevant sections of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act, Section 504 of the Federal Rehabilitation Act of 1973, and the Americans with Disabilities Act, hereby assuring that:

The provider does not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, handicap or disability in providing services, programs or employment or in its relationship with other contractors.

**APPENDIX A**  
**PE Training**  
**Request for Applications (RFA)**

**Agency:** \_\_\_\_\_

**Program and Site Proposed to Receive PE Training:** \_\_\_\_\_

**Organizational Type:**     \_\_\_ **For Profit**     \_\_\_ **Not For Profit**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Executive Leader Contact:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Clinical Director Contact:** \_\_\_\_\_

Indicate the Level of Care in which you plan to integrate PE: Adult Mental Health Outpatient (OP), or Adult Drug and Alcohol (D&A) Outpatient

\_\_\_\_\_

List all personnel applying for PE training: master’s or doctoral level staff to include 4 clinicians, 1 Clinical Director, 1 Executive Leadership (additional details of participating staff to be included in Appendix B).

Name	Role (Clinician, Consultant, Leadership)	Credential / Licensed	Salaried or Contract

*DBHIDS is looking to understand your agency's interest and motivation in integrating PE into your agency's services. It is important for providers to engage in a thoughtful process for planning and supporting the long-term sustainability of PE from the onset of engaging in the PE Initiative. Please respond to the following sections.*

1. **Executive Summary:** Provide a summary of the reasons why your agency should be selected to participate in the training and to provide PE.
2. **Population Served:** Describe the population served at your agency. Include the number of individuals served. Indicate any unique characteristics of the population (e.g., primarily Spanish speaking, geographic location, etc.) On average what % of individuals served in your outpatient program are CBH members?

Describe the need in your community/ population for specialized treatments and interventions for adults who have experience trauma.

3. **Treatment Program:** Describe the programming in your outpatient program and current treatments offered in your agency. Please be certain to include information about each of the following:
  - a) Primary theoretical model(s) of treatment currently offered
  - b) How individuals are engaged in the treatment process, strategies currently used or that will be deployed to engage individuals in trauma treatment.
  - c) Other services, supports provided to support engagement of individuals / families in treatment, including support/ psych-ed groups.
  - d) Process for monitoring symptom change and treatment progress, including the use of standardized measures in intake, treatment planning or program evaluation.

Discuss how PE will be integrated into the service array at agency.

4. **Trauma-Informed Culture:** Describe the current or planned practices to infuse a trauma-informed culture throughout the program for which you are applying. As discussed in III.A.3., these practices can include attention to the physical environment of your program, training of clinical and nonclinical staff, and activities to provide personal and professional support to clinicians providing trauma treatment as well as other trauma treatment services, such as groups.
5. **Evidence-Based Practice:** Please describe any additional evidence-based practice initiatives or research activities your organization has been involved in or is currently enrolled in (both DBHIDS sponsored and independent enrollments). This includes EBPs across your organization, not just in the level of care you are applying for PE.

Describe some of the specific successes and challenges your agency has had with EBPs. Describe how you plan to support and integrate multiple EBPs. If you have not implemented specific EBPs before, please discuss some of the anticipated challenges associated with this kind of practice change and how you intend to address them.

6. **Referral Pathways /Identification of PE recipients:** Describe current sources of referrals for your program. Describe proposed strategies for creating and sustaining referral pathways for PE, ensuring minimum caseloads for clinicians. Describe strategies to identify PE recipients and match with appropriate clinicians, including methods to provide education about the services and screening and intake processes.

7. **Requirements of participating staff:** Participating clinicians and the PE clinical director will dedicate time to training and implementation of PE, including commitment to training through the training year, regularly scheduled expert PE consultation, and participation in meetings as needed to support implementation and sustainability of PE program. The participating clinical director and executive leader will provide leadership and oversight of implementation in conjunction with CTSA. Although not part of the core PE team, direct care/ ancillary staff play integral roles in supporting the integration of PE programming into agency. Describe proposed methods to support staff in managing these responsibilities and ensuring time to engage in key activities.
  
8. **Sustainability:** As noted, the capacity to sustain the implementation of PE in your setting will be strongly considered in the RFA selection. Sustainability requires the full engagement of leadership, policies that support the EBP practice, and efficient staff retention methods, among other strategies. Please describe your current staff retention rate (or turnover rate) and strategies used to support retention of staff. Please describe the plan to ensure that the implementation of PE can be sustained long term and meet the EBP Program Designation requirements, addressing the commitment of executive director and other agency leaders, policies, staff retention strategies, and continued education/ training for all ancillary staff to maintain model.
  
9. **License:** Please indicate if your agency has a current license from the Department of Human Services (DHS) for outpatient or residential levels of care. Please submit copies of your most recent licensure certificates. Providers with provisional licenses may not be eligible for PE Training.

License from DHS \_\_\_\_\_

The following signature is required to confirm your agency's interest in applying for PE training slated to begin in September, 2017.

EXECUTIVE DIRECTOR NAME (Print) \_\_\_\_\_

EXECUTIVE DIRECTOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**APPENDIX B  
PE TRAINEE INFORMATION FORM**

Prolonged Exposure (PE) is an evidence-based treatment developed by Edna Foa, PhD, Director of the Center for the Treatment and Study of Anxiety. PE has been empirically validated with more than 20 years of research supporting its use for treating chronic PTSD and related depression, anxiety, and anger. PE produces clinically significant improvement in about 80% of individuals treated. Practitioners in multiple countries use PE to successfully treat survivors of traumas including rape, assault, child abuse, combat, motor vehicle accidents and disasters. PE has been beneficial for those suffering from co-occurring PTSD and substance use disorders when combined with substance use treatment.

Based on cognitive behavior approaches and principles of learning, PE uses interventions designed to help individuals process traumatic events and reduce trauma-induced psychological disturbances. PE's procedures are similar to extinction training. Treatment involves repeatedly confronting feared thoughts, images, objects, situations or activities in the absence of the expected negative outcome, in order to reduce unhelpful fear, anxiety, and other symptoms. Exposure therapy for PTSD typically involves 'imaginal' exposure to the individual's memory of the trauma, as well as 'in vivo' exposure, or real life exposure, to various reminders of the trauma. PE is a flexible therapy that can be modified to fit individual needs. PE instills confidence and a sense of mastery, enhances daily functioning, increases an individual's ability to cope with stress, and improves the ability to distinguish between safe and unsafe situations

The training will include up to four agencies currently providing psychiatric outpatient or substance use services. Each agency will identify one executive leader, one clinical director, and approximately four clinicians to participate in the PE training. Participants will be expected to participate in the meetings/trainings outlined in Appendix C.

In order to be trained in PE, clinicians must have a master's degree or higher in a human services field (e.g., social work, psychology).

**This questionnaire is to be completed by each potential participating clinician. Please note your participation in the PE training is voluntary.**

Your full name: \_\_\_\_\_

Your title: \_\_\_\_\_

Your educational degree(s) and year(s): \_\_\_\_\_

Your professional discipline: \_\_\_\_\_

Licensed or Credentialed: Y N License(s) held in PA \_\_\_\_\_ Credential(s) held in PA \_\_\_\_\_

Your agency name: \_\_\_\_\_

Your full agency address (where you are located): \_\_\_\_\_

Full Time      Part-time      Fee for Service

Do you primarily provide services to adults? \_\_\_\_\_

Do you have the ability to provide treatment in other languages? Y N If yes, which

language(s)? \_\_\_\_\_

Please describe prior training in trauma and experience treating individuals with trauma histories.

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Please describe your interest in learning about PE: \_\_\_\_\_

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Are you trained in any other evidence-based practice (EBP)? Y N

If yes, which EBPs? \_\_\_\_\_

Are you currently providing any other EBPs? Y N

If yes, which EBPs? \_\_\_\_\_

**APPENDIX C**

**TRAINING OVERVIEW**

<b>ACTIVITY</b>	<b>PARTICIPANTS</b>	<b>DATE/ Length of time</b>	<b>PURPOSE/ CONTENT</b>
<b>Pre-Training Meeting #1</b>	Executive staff Clinical director Designated intake staff member Designated administrative staff member  CTSA and CBH Staff	Week of September 11-15, 2017 (Date TBD) 2 hours	-Introduction to initiative -Assessment review -Structure of continued support after training -Review of referral process -Review of consultation
<b>Pre-Training Meeting #2</b>	Identified therapists who will be attending the training  CTSA and CBH staff	Week of September 18-22, 2017 (Date TBD) 2 hours	-Review expectations for new trainees -Discuss consultation format -Discuss acquisition of new cases
<b>Pre-Training Meeting #3</b>	Executive staff Clinical director Designated intake staff member Designated administrative staff member Identified therapists who will be attending the training  CTSA and CBH staff	Week of October 2-6, 2017 (Date TBD) 2 hours	-Review progress on screening implementation and data collection -Review acquisition of technology
<b>Trauma 101</b>	Ancillary and support staff in roles to assist with a trauma-informed culture and sustained PE implementation CTSA staff	Date and length of time TBD	-Overview of trauma exposure -rates of trauma -Common reactions to a traumatic event
<b>Adult PTSD Screening and Assessment Workshop</b>	Identified therapists Other intake and referral staff	October 20, 2017 Full Day	Enhancement of skills utilizing an evidence-based assessment of PTSD
<b>PE Basic Workshop</b>	Identified therapists	October 10 – 13, 2017 4 days	Extensive training in all components of Prolonged Exposure Therapy for PTSD
<b>PE Consultant Workshop</b>	Selected therapists who have completed PE certification and are actively treating clients	Fall 2018 5 days	Advanced training in PE supervision in order to assume the role in the agency as a PE consultant
<b>Individual Consultation</b>	All identified PE therapists	Weekly 1 hour	Provide weekly consultation toward certification and the proper implementation of PE
<b>Group Consultation</b>	All identified PE therapists	Weekly 1-1.5 hours	Solidification of PE training and creation of internal group consultation for trauma cases

**APPENDIX D**

**PARTICIPATING STAFF**

<b>Staff</b>	<b>Degree/ Employment Status</b>	<b>Role in PE implementation</b>	<b>Trainings to Attend</b>
<b>1 Executive Leader</b>	Salaried / full-time equivalent staff member in position of leadership with clinical and administrative decision making authority	Ensure the implementation and sustained delivery of comprehensive PE; Identify specific roles and responsibilities among all staff to manage PE implementation.	Pre-Training Orientation and Implementation Meetings; Technical Assistance; Other meetings to support implementation as needed
<b>1 Clinical Director</b>	Master’s or doctoral degree, with preference for licensed or licensed-eligible and salaried/ full-time equivalent	Oversee the clinical team; Address implementation issues; Ensure fidelity and sound clinical decision-making throughout training and implementation; Maintain access to agency leadership to coordinate PE implementation and address potential challenges; Champion PE and assist with integration within the agency; Oversee monitoring and reporting procedures.	Pre-Training Orientation and Meetings; Technical Assistance; Other meetings to support implementation as needed
<b>4 Clinicians</b>	Master’s or doctoral degree, with preference for licensed or licensed-eligible and salaried/ full-time equivalent; Must have desire to do trauma work; Ideally has potential for longevity within the organization.	Implement comprehensive PE through individual therapy; Carry a caseload of 1-3 PE recipients during training and expand PE caseload to an average of 3-5 individuals as expertise grows. 1-2 of these clinicians should be identified as potential PE Consultants who will attend the PE Consultants training.	Pre-training Orientation; 4-Day PE Workshop; 1-Day Screening and Assessment Workshop  TBD: 5 day Consultants Training (if applicable/selected)
<b>Assessment and Intake Staff</b>	Any	With training, support the infrastructure of identification of potential referrals.	1-Day Screening and Assessment Workshop
<b>Data Management Staff</b>	Any	Assist with tracking clinical and program outcomes; Liaise with CBH as determined to assist with reporting requirements	Pre-Training Orientation; Other meetings/ contacts as needed
<b>Support Staff</b>	Any	Support and sustain the implementation of PE and a trauma-informed culture across the program/organization.	Trauma 101